

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI (12904-2615 401,222,3040

* In accordance with R.I.G.L. : penalty fee of \$25.00.	-6-94, each corporation jui				
1. Corporate ID No.	2. Name of Corporation	formed Bap	hot Church		774
3. State of Incorporation	4. Corporate address in Rho 2106 Sayles	nte Island - Street Address	nith field Ave)	Particket	02860
5 Foreign corporation. Enter pr			City	State	Zip
6. Brief Description of the characte		ally conducted in Rhode Is	land		
To have a pla	ce of washing	o for the 1	people of	poetos Fairlas	
7. NAMES AND ADDRESS	ES OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) [ FILL IN SPACES.	BEFORE USING ATTACE	IMENTS
President Name			Caron Mac Donald Lefebire		
Street Address			Street Address Ave		
21 do Sayles All State Zip			City to A M	State	2iμ Δ 2 5 / Ω
Parotucket	PI	02860	Treasurer Name	10	02860
Secretary Name	lacDonald				
Street Address			Street Address		
The Saixes	State	Zip	City	State	Zip
Pawlicket	SES OF THE DIRECTOR	O28(40) IS: ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES	   BEFORE USING ATTAC	CHMENTS
8. NAMES AND ADDRESS	CTORS OF A DOMESTI	C (RHODE ISLAND)	) CORPORATION SHALL NO	T BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23
Director Name			Caron Mac Donald Letchere		
Street Address			Street Address 21.8 Sandas Ave		
266 Saules	NVC   State	Zip	City Curkes	State	Zip O
Particket	Rt	07840	Pautuike _	K.I.	02860
Director Name	MacOmal	d	Director Name		
Streat Address			Street Address		
766 Sayles	State	Zip SI O	City	State	Zip
Multicket	KI	02860	1	l	1100 250 238
	IN RHODE ISLAND	on of the Secretary of S	State. Changes require filing of l	Form 641 - R.I.G.L. 7-6-1	3/1-66 FREE
This information is curren	ntly of record in the Olite	the President Vice I	President Secretary, Assistant	Secretary, Treasurer, Rec	ceiver br Trugicae
This report	must be a green with the	THE Cresident, Tree	President, Secretary, Assistant		P = Tool X
	SEP <b>01</b> 2011				3 S B S B S B S B S B S B S B S B S B S
Ę.					0
· ·	3y 15124 rm	<u> </u>		, cr	-1 man
<u> </u>	pric		report, including a	perjury, I declare and affirm ny accompanying schedules	and statements, and that al
			statements contain	ed herein are true and corre	9/1/201
File Date			Signature of Officer	LEE VIIIO LIKELO	Date
Check No.		_	Am Mai	re MacDonile	<u>L</u>
By:		_	Print or Type Name	of Officer	
\	Y OF STATE USE ONLY		Secretary Title of Officer		
					Form 631 Rev. 09/1